FORM D

SEC Mail Processing Section

JUN 02 ZUUR

Weshington, DO

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

([X] check if this is an amendment and name has changed, and indicate change.)

1402786

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response . . . 16.00

SEC USE ONLY					
Prefix Seria					
l .1					
DATER	ECEIVED				
[1				

Clearbridge Select, LP , i	omieny known as	nygrove select	LF (tile 155uel)			
Filing Under (Check box(es	s) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	[] Section 4(6) [] ULOE
Type of Filing:	[] New Filing	[X]	Amendment			
		A. BASI	CIDENTIFICATION	I DATA		
Enter the information reque	ested about the issu	er			•	
Name of Issuer ClearBridge Select, LP , i			nt and name has ch LP	anged, and indicate	e change.)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 620 Eighth Avenue, 48th Floor, New York, New York 10018				hone Numbe 91-6959		
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same As Above				hone Numbe As Above	08051910	
Brief Description of Busine The Issuer seeks to inves		ties and/or other	financial instrum	ents.		0_
Type of Business Organiza [] corporation	ation	[X] limited pa	rtnership, already fo	ormed []	other (please spe	PROCESSED
business trust		[] limited par	tnership, to be form	ed		PROCESSED
Actual or Estimated Date of		_	Month/Year 01/2004	[X] Actual	[] Estimated	JUN 0 9 2008
Jurisdiction of Incorporation	n or Organization:		U.S. Postal Service FN for other foreign		tate: DE	THOMSON DELITEDS

GENERAL INSTRUCTIONS

Name of Offering

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if individual) LMP Select, LLC (the "General Partner")				
Business or Residence Address (Numl 620 Eighth Avenue , 48th Floor New York, New York 10018	per and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Murphy, Terrence J.				
Business or Residence Address (Numl c/o LMP Select, LLC, 620 Eighth Avenue, New York, New York 10018	oer and Street, City, State, Zi 48th Floor	p Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numl	per and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	per and Street, City, State, Zi	p Code)	<u></u> .	
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Zi	p Code)		- -
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Zi	p Code)	, , , , ,	-

	B. INFORMATION ABOUT OFFERING					
1.	Yes No					
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?					
3.	(* Subject to waiver by the General Partner.) 3. Does the offering permit joint ownership of a single unit?					
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	[X] []				
	ull Name (Last name first, if individual) ot applicable.					
Bu	usiness or Residence Address (Number and Street, City, State, Zip Code)					
Na	ame of Associated Broker or Dealer					
	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers heck "All States" or check individual States)	ll States				
	AL[] AK[] AZ[] AR[] CA[] CO[] CT[] DE[] DC[] FL[] GA[] IL[] IN[] IA[] KS[] KY[] LA[] ME[] MD[] MA[] MI[] MN[]	HI [] ID [] MS [] MO []				
I	MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI []	OR [] PA [] WY [] PR []				
	Il Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
	rates in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States)					
	AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI []	Il States HI [] ID [] MS [] MO [] OR [] PA [] WY [] PR []				
	ull Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Na	ame of Associated Broker or Dealer					
	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States) [1 A	ll States ,				
	AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI []	HI [] ID [] MS [] MO [] OR [] PA [] WY [] PR []				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold 0 \$ 0 Equity: \$ 0 \$ 0 □ Common □ Preferred Convertible Securities (including warrants):\$ Partnership Interests.....\$ 1.000.000.000(a) \$ 15.683.1 Other (Specify:).......\$ Total\$ 1,000,000,000(a) \$ 15,683,128 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 25 \$ 15,683,128 0 Non-accredited Investors 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offerina Type of **Dollar Amount** Security Sold Rule 505 N/A Regulation A N/A \$ \$ Rule 504 N/A N/A \$ Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the

(a) Open-ended fund; estimated maximum aggregate offering amount.

issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees

Printing and Engraving Costs

Legal Fees.....

Accounting Fees.....

Engineering Fees.....

Sales Commissions (specify finders' fees separately)......

35.000

7,500

5,000

 \boxtimes

 \boxtimes

X

|X|

X

X

X

X

\$

\$

\$

\$

\$

\$

\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- s 999,950,000
- 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C Question 4.b above.

		Payment Officer Directors Affiliate	s, s, &			Payments to Others
Salaries and fees	X	\$	<u>o</u>	X	\$	<u>0</u>
Purchase of real estate	×	\$	<u>o</u>	図	\$	<u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	×	\$	<u>o</u>	X	\$	<u>0</u>
Construction or leasing of plant buildings and facilities	図	\$	<u>o</u>	X	\$	<u>0</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	X	\$	<u>o</u>	Ø	\$	<u>o</u>
Repayment of indebtedness	⊠	\$	<u>o</u>	X	\$	<u>o</u>
Working capital	×	\$	<u>o</u>	\boxtimes	\$	<u>0</u>
Other (specify): Portfolio Investments	図	\$	<u>o</u>	X	\$	999,950,000
Column Totals	Ø	\$	<u>o</u>	X	\$	999,950,000
Total Payments Listed (column totals added)	X		\$ <u>999,950,000</u>			

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)
ClearBridge Select, LP (fka Hygrove Select
LP)
Signature

Date / 1/200 K

Name (Print or Type)
Terrence J. Murphy

Title of Signer (Print or Type) //
Principal of the General Partner

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)